09/20/2007 09:58

Image# 27990634769

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 08 0 1 2007 8 0 3 1 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 09 20 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

Image# 27990634770

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

OF RECEIPTS AND DISBURSEMENTS

Page 2

F	eport Covering the Period: From:	01 2007	To: 08 31 2007
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
3.	(a) Cash on Hand January 1 Y2007		1038787.58
	(b) Cash on Hand at Begining of Reporting Period	862288.97	
	(c) Total Receipts (from Line 19)	153361.49	761564.09
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1015650.46	1800351.67
7 .	Total Disbursements (from Line 31)	39391.29	824092.50
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	976259.17	976259.17
١.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

M M 8

From:

01

^Y 2 0 0 7

o. 0 8

^D 3 1

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	50314.75	260332.16
	(ii) Unitemized	45209.82	166354.66
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	95524.57	426686.82
(1	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	6250.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	95524.57	432936.82
	ransfers From Affiliated/Other	55000.00	321400.00
3. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	2022.40
to	o Federal candidates and Other Political Committees	2500.00	2500.00
	Other Federal Receipts Dividends, Interest, etc.)	336.92	2704.87
	Transfers from Non-Federal and Levin Funds		
((a) Non-Federal Account (from Schedule H3)	0.00	0.00
((b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	153361.49	761564.09
	otal Federal Receipts subtract Line 18(c) from Line 19)	153361.49	761564.09

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	161.29	3959.40
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	161.29	3959.40
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	38930.00	819080.00
	Independent Expenditure (use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
•	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	750.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	750.00
١.	Other Disbursements	300.00	303.10
).	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))		
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	39391.29	824092.50
	Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
	(3000 001 LITE & 1 (0)(II) ITUIT LITE 30(0)(II)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	95524.57	432936.82
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95524.57	432186.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	161.29	3959.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	161.29	1937.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 78
ITEMIZED RECEIPTS			or each category of the	(check only one)
•••	LIVIIZED REGENTIO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and Stateme	ents mav	not be sold or used by any perso	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			B (B
Α.	Ms. Gene Arnone Mailing Address 2500 Sutton Ave			Date of Receipt
	Mailing Address 2500 Sutton Ave			08 03 2007
	City S	tate	Zip Code	Transaction ID: 14454094
	Northfield N	IJ	08225-1043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	; ;		225.00
	Name of Employer Atlanticare Regional Medi-	cupation	1	7
	cal Center CII	airmar		
		gregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	1 1		
В.	Full Name (Last, First, Middle Initial) Mr. Thomas A Biga			Date of Receipt
	Mailing Address 29 Highland Avenue			08 03 7 2007
	City	tate	Zip Code	Transaction ID: 14454099
	Red Bank N	IJ	07704-3620	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	Clara Mages' Médical Center	cupation	Director	
			Year-to-Date ▼	-
	Primary General	1 1		1
	Other (specify) ▼	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Mr. Thomas R. Brome			Date of Receipt
	Mailing Address 500 Knollwood Road			M " M / D " D / Y " Y " Y " Y
	City S	tate	Zip Code	08 03 2007
	-	IJ	07450-4700	Transaction ID: 14454103 Amount of Each Receipt this Period
	FFC ID number of contribution			
	federal political committee.	-		500.00
	Valley Health System	cupatior ustee	1	
			Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		500.00	
	LIPTOTAL of Descints This Days (actions)			1225.00
	UBTOTAL of Receipts This Page (optional)			
т	OTAL This Period (last page this line number only)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE ///8
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or f	y information copied from such Reports and State or commercial purposes, other than using the nar	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\geq	American Hospital Association PAC			_
	Full Name (Last, First, Middle Initial) Dr. Bruce M Gans, M.D.			Date of Receipt
	Mailing Address 6 Amherst Road			08 / 03 / 2007
	Chathara	State	Zip Code	Transaction ID: 14454127
	Chatham FEC ID number of contributing federal political committee.	NJ C	07928-1802	Amount of Each Receipt this Period 350.00
	Kessler Instituté for Reh- abilitation		o Vice President and Chief M Year-to-Date ▼ 350.00	ed
_	Full Name (Last, First, Middle Initial) Ms. Lori S. Herndon			Date of Receipt
	Mailing Address 902 North Shore Drive			08 / 03 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14454131
	Brigantine 550 ID graph or of a satisfaction	NJ	08203-2718	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	AtlantiCare '	Occupatior Senior Vi	n ce President/COO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Mr. Sean J. Hopkins			Date of Receipt
	Mailing Address 6180 Lower Mountain Roa	ad		08 / 03 / 4 2007
	City	State	Zip Code	Transaction ID: 14454132
	New Hope	PA	18938-5760	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.42
	New Jersey Hospital Assoc-	Occupatior Sr. VP I	n Health Economics	
	lation		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	217.92	
SI	JBTOTAL of Receipts This Page (optional)			630.42
	NTAL This Davied (last according Process)	۸		
10	OTAL This Period (last page this line number only	')		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 78
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Dr Camille D. Walker, Md			Date of Receipt
Mailing Address 519 South Orange Ave			08 / 03 / 4 2007
City <u>South Orange</u>	State NJ	Zip Code 07079-2637	Transaction ID: 14454178
FEC ID number of contributing federal political committee.	C	07079-2637	Amount of Each Receipt this Period 250.00
Name of Employer Newark Beth Israel Medical Center		Obstetrics	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Mr. Doug Bentz			Date of Receipt
Mailing Address 100 Seneca Valley Est	08 / 21 / Y Y Y Y Y		
City Sissonville	State WV	Zip Code	Transaction ID: 14493461
	VVV	25320-9781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Roane General Hospital	Occupatio Chief Exc	n ecutive Officer	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Mr. Robert L Harman			Date of Receipt
Mailing Address HC 84, Box 26			08 / 21 / Y Y Y Y Y Y
City Lahmansville	State WV	Zip Code 26731-9701	Transaction ID: 14493464
FEC ID number of contributing		20/31-9/01	Amount of Each Receipt this Period
federal political committee.	C		250.00
Name of Employer Grant Memorial Hospital		ecutive Officer	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number)	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 9/78	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
•••	LIMIZED RECEIF 13		Detailed Summary Page	\rightarrow \rightarrow \rightarrow	11c 12
_			<u> </u>		15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the a	atements may name and add	v not be sold or used by any persor dress of any political committee to s	i for the purpose of soliciting solicit contributions from su	g contributions ch committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	7 in order Floopital 7 lood attor 17 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. J. Thomas Jones, CHE			Date of Receipt	
	Mailing Address 3106 N. Greystone Driv	re		08 21	2007
	City	State	Zip Code		
	Morgantown	WV	26508-8601	Transaction ID: 1449	
		VV V	20300-0001	Amount of Each Rece	ipi inis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer West Virginia United Heal-	Occupation			
	th System		t & Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Otrier (specify)				
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 1503 Greenmont Hills Drive			M M / D D /	YYYY
			08 21	2007	
	City	State	Zip Code	Transaction ID: 1449	93466
	Vienna	WV	26105-3282	Amount of Each Rece	ipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				000.00
	Name of Employer Camden-Clark Memorial Hos-	Occupation	า		
	Camden-Clark Memorial Hospital	President	t and CEO		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		500.00		
C.	Full Name (Last, First, Middle Initial) Mr Joseph G Koch			Date of Receipt	
٠.	Mailing Address 531 Woodlawn Avenue			M M / D D /	YYYY
	301 Woodidwii 7 Wollide			08 21	2007
	City	State	Zip Code	Transaction ID: 1449	93467
	Beckley	WV	25801-6008	Amount of Each Rece	ipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				230.00
	Name of Employer	Occupation	า	1	
	Raleigh General Hospital		sident and Chief Operating Of	rf	
	Receipt For:		e Year-to-Date ▼	1	
	Primary General				
	Other (specify) ▼		250.00		
					1050.00
s	UBTOTAL of Receipts This Page (optional)		·····		1250.00
T	OTAL This Period (last page this line number of	only)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Brent A Marsteller Mailing Address 2010 Military Road City Huntington FEC ID number of contributing federal political committee. Name of Employer Cabell Huntington Hospital Receipt For: Primary General Other (specify)	1	Zip Code 25701-3800 nt and Chief Executive Officer e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14493468 Amount of Each Receipt this Period 500.00
3.	Full Name (Last, First, Middle Initial) Mr. Richard L. Miller Mailing Address 743 Canterbury Drive City Charleston FEC ID number of contributing federal political committee. Name of Employer West Virginia Hospital Association Receipt For: Primary General Other (specify)	State WV C Occupation Vice Pres Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	Full Name (Last, First, Middle Initial) Mr. Robert W. Milvet, Jr. Mailing Address P.O. Box 1196 City Hedgesville FEC ID number of contributing federal political committee. Name of Employer WVU Hospitals - East Receipt For: Primary General Other (specify)	State WV C Occupation VP of Fin Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 14493472 Amount of Each Receipt this Period 500.00
S	UBTOTAL of Receipts This Page (optional)			1500.00
Т	OTAL This Period (last page this line number o	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 78
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a
			Detailed Summary Page	13 14 15 16 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
7	NAME OF COMMITTEE (In Full)	iame and add	diess of any political committee to	Solicit Contributions from Such Committee.
\rangle	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Tommy H. Mullins			Date of Receipt
Α.	Mailing Address 1521 Spars Creek Road	1		M M / D D / Y Y Y Y
	·	-		08 21 2007
	City Danville	State WV	Zip Code	Transaction ID: 14493473
	•		25053-8020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Boone Memorial Hospital	Occupation Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	case (epocary) •	0 0	0 0 0 0 0 0 0	1
В.	Full Name (Last, First, Middle Initial) Mr. Jack Phillips			Date of Receipt
	Mailing Address Box 413			08 21 2007
	City	State	Zip Code	Transaction ID: 14493477
	Ghent	WV	25843-0413	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Raleigh General Hospital	Occupation Board Me		
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1	250.00	
	Other (specify)	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Mr. David J Robertson			Date of Receipt
-	Mailing Address 2052 Iron Bridge Circle			M " M / D " D / Y " Y " Y " Y
	011	01-1-	7'- 0-4-	08 21 2007
	City Morgantown	State WV	Zip Code 26508-8064	Transaction ID: 14493478 Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Monongalia General Hospit-	Occupation		7
	al Receipt For:		ecutive Officer e Year-to-Date	_
	Primary General	Aggregate		1
	Other (specify) ▼		500.00	
Г				1000.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
Т	OTAL This Period (last page this line number of	nly)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NU	MBER:	PAGE 12/78
			Use separate schedule(s)	(check only on		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a	11b	11c 12
			Detailed Summary Fage	13	14	15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose	of solicit	ing contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributio	ns from s	such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)					
٩.	Mr. Michael G Sellards			Date of Red	ceipt	
	Mailing Address 60 Mayfair Way			M M /		/ Y Y Y Y
				0.8	21	2007
	City	State	Zip Code	Transaction	n ID: 14	493479
	<u>Huntington</u>	WV	25705-3835	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C				500.00
	Name of Employer	Occupation	1			
	St. Mary's Medical Center	President	and Chief Executive Officer	•		
	Receipt For:	Aggregate	Year-to-Date V			
	Primary General		500.00	1		
	Other (specify)		500.00			
3.	Full Name (Last, First, Middle Initial) Mr. George G. Couch			Date of Red	ceint	
	Mailing Address 36 Floral Drive			M M /	D D	/ Y Y Y Y
	ag / taa. see		0.8	21	2007	
	City	State	Zip Code	Transaction	n ID: 14	493490
	Wheeling	WV	26003-5464	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing					· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C				250.00
	N (5)			_		
	Name of Employer Wetzel County Hospital	Occupation	n ecutive Officer			
	Receipt For:		Year-to-Date V			
	Primary General	Aggregate	Fedi-10-Date ▼			
	Other (specify)	' '	250.00			
	Carlot (openity) V	0 0	1 1 1 1 1 1 1	1		
_	Full Name (Last, First, Middle Initial)			5. (5		
٠.	Mr. Stephen P Dexter Mailing Address 7 Stony Point			Date of Red		/ Y Y Y Y Y
	Mailing Address 7 Stony Point			08	21	2007
	City	State	Zip Code	Transaction	n ID: 14	493494
	Charleston	WV	25314-1663	Amount of	Each Red	ceipt this Period
	FEC ID number of contributing					500.00
	federal political committee.	C				300.00
	Name of Employer Thomas Memorial Hospital	Occupation	1	\dashv		
	Thomas Memorial Hospital		and Chief Executive Officer	.		
	Receipt For:		Year-to-Date ▼			
	Primary General	-		1		
	Other (specify) ▼		500.00			
						1050.00
SI	UBTOTAL of Receipts This Page (optional)		······			1250.00
T	OTAL This Period (last page this line number or	ıly)	>			

SCHEDULE A (FEC Form 3X)		Llas asparata ashadula(a)		FOR LINE NUMBER: PAGE 13 / 78 (check only one)
IT	EMIZED RECEIPTS		or each category of the	
•			Detailed Summary Page	X 11a
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Roger M. Eitelman			Date of Receipt
	Mailing Address 111 Foxhall Road			08 21 Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14493495
	Charles Town	WV	25414-2502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer WVU Hospitals - East	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Cindy R Turner			Date of Receipt
	Mailing Address P O Drawer 1987			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14494357
	Alma	GA	31510-1987	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		37.50
	Name of Employer Bacon County Hospital and	Occupation	า	7
	Health Syste		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		287.50	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Rann Folsom			Date of Receipt
	Mailing Address 2281 US Highway 41 S			08 / 03 / 2007
	City	State	Zip Code	Transaction ID: 14494626
	Cordele	GA	31015-7501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Crisp Regional Hospital	Occupation Trustee	1	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			787.50

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 78
TEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
_ , , ,		Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			_
Full Name (Last, First, Middle Initial) Mr. Ken B Beverly			Date of Receipt
Mailing Address 426 South Hansell Stre	et		08 / 13 / 2007
City	State	Zip Code	Transaction ID: 14494632
Thomasville	GA	31792-5511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Archbold Medical Center	Occupatio Presiden	n t and Chief Executive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Mr. James A Cruickshank			Date of Receipt
Mailing Address 2260 Wrightsboro Road	d		08 13 7 2007
City	State	Zip Code	Transaction ID: 14494634
Augusta	GA	30904-4764	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer Trinity Hospital of Augus-	Occupatio	n ecutive Officer	
ta Receipt For:		e Year-to-Date V	-
Primary General		300.00	
Other (specify)	0 0	000.00	
Full Name (Last, First, Middle Initial) C. Mr. Heyward Wells, III			Date of Receipt
Mailing Address 2372 Sylvan Grobe Roa	ad		08 13 7 2007
City	State	Zip Code	Transaction ID: 14494635
Stapleton	GA	30823-7208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Jefferson Hospital		ice President	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			1050.00
		•	
TOTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15 / 78
ITEMIZED RECEIPTS		or each category of the		(check only one)
••	EMIZED RESENTS		Detailed Summary Page	X 11a 11b 11c 12
۸r	ny information copied from such Reports and S	tatamente may	rot be sold or used by any pers	13 14 15 16 17
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. George H. St. George Mailing Address 306 Cork Pond Road			Date of Receipt
	Walling Address 306 Cork Forld Road			08 13 2007
	City	State	Zip Code	Transaction ID: 14494637
	Sylvania	GA	30467-8656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Screven County Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Robert A Colvin			Date of Receipt
	Mailing Address P O Box 23089			0 8 1 3 2 0 0 7
	City	State	Zip Code	Transaction ID: 14494638
	Savannah	GA	31403-3089	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Health	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	230.00	
C.	Full Name (Last, First, Middle Initial) Mr. Kurt Stuenkel, , FACHE			Date of Receipt
	Mailing Address P O Box 233			08 13 2007
	City	State GA	Zip Code	Transaction ID: 14494640
	Rome		30162-0233	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
Floyd Medical Center Receipt For: Primary General		Occupation President	n t and Chief Executive Office	r
		Aggregate	e Year-to-Date ▼	
			250.00	7
Other (specify) ▼			250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
-	OTAL This Period (last page this line number	only)		
1 1	VIAL THIS I CHOO (last page this line humber	∪⊓y <i>)</i>		

COUEDINE A /EEC Form 2V)		l F		FOR LINE NUMBER: PAGE 16 / 78
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
ΙT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸r	y information copied from such Reports and St	atomonte ma	rot be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association FAC			
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Mr. Philip R Wolfe			Date of Receipt
	Mailing Address P O Box 348			M M / D D / Y Y Y Y
				08 13 2007
	City	State	Zip Code	Transaction ID: 14494641
	Lawrenceville	GA	30046-0348	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
		-		
	Name of Employer Gwinnett Hospital System	Occupation		
			t and Chief Executive Officer	•
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
				_
R	Full Name (Last, First, Middle Initial) Mr. Edward C Gambrell			Date of Receipt
υ.	Mailing Address 2003 Falls Road			M M / D D / Y Y Y Y
	Walling Address 2003 Falls Hoad	08 13 2007		
	City	State	Zip Code	Transaction ID: 14494642
	Toccoa	GA	30577-9700	Amount of Each Receipt this Period
			1 1 1 1 1 1	
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Stephens County Hospital	Occupation	า	
		Administ		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify)		230.00	
C	Full Name (Last, First, Middle Initial) Mr. Larry Read			Date of Receipt
٥.	Mailing Address 1350 Walton Way			M M / D D / Y Y Y Y
	1350 Walton Way			08 13 2007
	City	State	Zip Code	Transaction ID: 14494643
	Augusta	GA	30901-2612	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer University Health Care Sy-	Occupation		
	stem		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
_				
				750.00
S	UBTOTAL of Receipts This Page (optional)		······································	730.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. James McLaughlin Hobson Mailing Address 126 Grand Oaks Ct			Date of Receipt
				08 13 2007
	City Albany	State GA	Zip Code 31721-9522	Transaction ID: 14494645 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	31721-9322	250.00
	Name of Employer Phoebe Putney Memorial Ho- spital Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		e Vice President/COO Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dr. Alan D. Kirsh, MD Mailing Address 777 Hemlock Street			Date of Receipt
	777 Hemlock Street City	State	Zip Code	0 8 1 3 2 0 0 7 Transaction ID: 14494647
	Macon	GA	31201-2102	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Medical Center of Central	Occupation	n Radiology	
	Georgia Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Ed Lovern			Date of Receipt
Mailing Address 1266 Highway 515 South				08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Jasper	State GA	Zip Code	Transaction ID: 14494648
	FEC ID number of contributing federal political committee.	C	30143-4872	Amount of Each Receipt this Period 250.00
	Name of Employer Piedmont Mountainside Hos- pital	l	and Chief Executive Officer	
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
	. 3 (1 7			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 78	
	•		Use separate schedule(s) or each category of the	(check only one)	
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
<u>/</u>	Full Name (Last, First, Middle Initial)				
A.	Mr. G. Michael Bass			Date of Receipt	
	Mailing Address 47 Lake Shore Drive			M M / D D / Y Y Y Y	
	011	01-1-	7'- 0-4-	08 13 2007	
	City	State	Zip Code	Transaction ID: 14494649	
	Newnan	GA	30263-4775	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer Newnan Hospital	Occupation			
			ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify)	' '	250.00		
	Other (specify)	0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 70 Medical Center Drive	Э		M M / D D / Y Y Y Y	
	-	08 13 2007			
	City	State	Zip Code	Transaction ID: 14494650	
	Commerce	GA	30529-1078	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer BJC Medical Center	Occupation	1		
	BJC Medical Certier		ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	' '	250.00		
	Other (specify)			J	
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Vivian Austin			Date of Receipt	
	Mailing Address 10 Shorecrest Court			M M / D D / Y Y Y Y	
	0"		7' 0 1	08 13 2007	
	City	State	Zip Code	Transaction ID: 14494651	
	Savannah	GA	31410-1054	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				
	Name of Employer St. Joseph's/Candler, Can-	Occupation			
	dler Hospital Nursing		Supervisor		
			Year-to-Date ▼	_	
			250.00		
			1 1 1 1 1 1 1	1	
Г					
 s	UBTOTAL of Receipts This Page (optional)			750.00	
\vdash					
T	OTAL This Period (last page this line number o	only)			

SCHEDULE A (FEC Form 3X) Use separate schedule(s)			FOR LINE NUMBE	R: PAGE 19/78	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b	\vdash
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fr	on such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	·				
	Full Name (Last, First, Middle Initial)			5	
A.	Mr. Paul P Hinchey			Date of Receipt	
	Mailing Address 5353 Reynolds Street				13 2007
	City	State	Zip Code	Transaction ID:	
	Savannah	GA	31405-6015		Receipt this Period
	FFO ID work on a Constitution			7 11111001111 01 2001	
	federal political committee.	C			250.00
	Name of European	10	-		
	Name of Employer St. Joseph's/Candler, Can-	Occupation	n t and Chief Executive Officer		
	dler Hospital Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	riggrogate	Teal to Bate V		
	Other (specify) ▼		250.00		
				'	
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address P O Box 1287				13 2007
	City	State	Zip Code	Transaction ID:	
	Douglas	GA	31534-1287		Receipt this Period
	•		31304-1207	Amount of Each	i neceipi iliis Fellod
	FEC ID number of contributing federal political committee.	C			250.00
	·				
	Name of Employer Coffee Regional Medical	Occupation			
	Center	1	t and Chief Executive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
		0 0	1 1 1 1 1 1 1	1	
_	Full Name (Last, First, Middle Initial)				
C.	Mr. William T Richardson			Date of Receipt	
	Mailing Address Drawer 747				13 2007
	City	State	Zip Code	Transaction ID:	
	Tifton	GA	31793-0747		Receipt this Period
			01730 0747	Amount of Laci	i neceipt this remod
rederal political continues.		C			250.00
	Name of Employer Tift Regional Medical Cen-	Occupation			
ter			t and Chief Executive Officer		
		Aggregate	e Year-to-Date ▼		
Other (specify) ▼			250.00		
Carlot (specify)				'	
s	UBTOTAL of Receipts This Page (optional)				750.00
	, ,		<u> </u>		
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 78
ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	ments may not be sold or used by any person ne and address of any political committee to s	for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC	,,,	
Piedmont Mountaineide Hos-	State Zip Code GA 30143-4872 C Description Vice President Operations	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Ms. Diane J. Patrick Mailing Address U. S. Hwy 319		Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code GA 31775	Transaction ID: 14494745
Tift Regional Médical Center	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Mr. David R Doerr Mailing Address 11200 S. St. Rd. 63		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 14494761
Terre Haute FEC ID number of contributing federal political committee.	IN 47802	Amount of Each Receipt this Period 500.00
Union Hospital, Inc.	Occupation Chief Executive Officer Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number only) >	

Anv	HEDULE A (FEC Form 3X) MIZED RECEIPTS information copied from such Reports and St r commercial purposes, other than using the lamb of COMMITTEE (In Full)	Use separate schedule(s) or each category of the Detailed Summary Page attements may not be sold or used by any personame and address of any political committee	FOR LINE NUMBER: PAGE 21 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17 son for the purpose of soliciting contributions
Anv	information copied from such Reports and St r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Detailed Summary Page	X 11a
Any or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers	son for the purpose of soliciting contributions
Any or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may not be sold or used by any personame and address of any political committee	son for the purpose of soliciting contributions
or fo	r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	atements may not be sold or used by any pers name and address of any political committee t	son for the purpose of soliciting contributions
	, ,	* * * * * * * * * * * * * * * * * * * *	to solicit contributions from such committee.
1			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	American Hospital Association PAC		
	ull Name (Last, First, Middle Initial) Dr. Raymond V Ingham, , Ph.D.		Date of Receipt
N	failing Address 217 East Drive		08 13 2007
C	City	State Zip Code	Transaction ID: 14494762
<u> 1</u>	ebanon	IN 46052-1221	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	500.00
_	lame of Employer Vitham Memorial Hospital	Occupation President and Chief Executive Office	er
F	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	ull Name (Last, First, Middle Initial) Ms. Bernadine Marcuccilli Wallace		Date of Receipt
N	Mailing Address 1003 Overlook Road		0 8 1 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C	ity	State Zip Code	Transaction ID: 14494829
N	Marion	IN 46952-1330	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	250.00
N	lame of Employer Marion General Hospital	Occupation Vice President	
F	leceipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	250.00	
_	ull Name (Last, First, Middle Initial) Ir. William D Petasnick		Date of Receipt
Λ	failing Address 1848 Hidden Reserve C	Court	08 13 2007
C	Pity	State Zip Code	Transaction ID: 14495002
1	<u>Mequon</u>	WI 53092-5566	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	C	1000.00
<u> 2</u>	lame of Employer roedtert Memorial Luther- n Hospital teceipt For:	Occupation President and Chief Executive Office Aggregate Year-to-Date ▼	er
	Primary General Other (specify) ▼	1000.00	
SU	BTOTAL of Receipts This Page (optional)		1750.00

S	CHEDULE A (FEC Form 3X)		Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 22 / 78
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon			Date of Receipt
	Mailing Address 220 Windy Ridge			08 / 13 / 2007
	City	State	Zip Code	Transaction ID: 14495156
	Hollister	MO	65672-5725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Skaggs Community Health Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		336.00	1
	Other (specify) ▼	0 0	000.00	
В.	Full Name (Last, First, Middle Initial) Mr. Phil M. Willcoxon			Date of Receipt
υ.	Mailing Address 3702 Fawn Trail			M M / D D / Y Y Y Y
	Walling Address 3702 Fawii Hali	08 13 2007		
	City	State	Zip Code	Transaction ID: 14495184
	<u>Joplin</u>	MO	64804-6027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Freeman Neosho Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
C.	Full Name (Last, First, Middle Initial) Ms. Sheri D. Beekman			Date of Receipt
	Mailing Address 2440 Shetland Drive			08 21 7 2007
	City	State	Zip Code	Transaction ID: 14495187
	Dardenne Prairie	MO	63366-7210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer St. John's Mercy Health Care	Occupation Vice Pres	n sident Patient Financial Svcs	5.
	Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		1 1	225.00	1
	Other (specify)		225.00	1
s	UBTOTAL of Receipts This Page (optional)			517.00
	OTAL This Period (last page this line number)	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 78
TEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)		The second second second to the second secon	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Christine A. Crain			Date of Receipt
	Mailing Address 2400 Hawthorne Manor I	Drive		08 21 7 2007
	City	State	Zip Code	Transaction ID: 14495188
	Florissant	MO	63031-4412	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer St. John's Mercy Medical Center	Occupation Vice Pres		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		225.00	
3.	Full Name (Last, First, Middle Initial) Ms. Patricia Arnold			Date of Receipt
Mailing Address 433 Greenleaf Street				08 / 21 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14495189
	Saint Louis	MO	63122-4451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		225.00
	Name of Employer St. John's Mercy Medical	Occupation		
	Center Receipt For:		on President Year-to-Date ▼	_
	Primary General	Aggregate		1
	Other (specify) ▼		225.00	
Э.	Full Name (Last, First, Middle Initial) Mr. David R. Carpenter, , FACHE			Date of Receipt
	Mailing Address 6229 Northlake Drive			08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Parkvillo	State	Zip Code	Transaction ID: 14495190
	Parkville EEC ID number of contributing	MO	64152-6080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		700.00
	Name of Employer North Kansas City Hospital		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		700.00	
s	UBTOTAL of Receipts This Page (optional)			1150.00
	· ÷ · · · /		·	
T	OTAL This Period (last page this line number on	ly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 78
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas Corley			Date of Receipt
	Mailing Address North 5633 Lidgerwood	Street		08 21 2007
	City	State	Zip Code	Transaction ID: 14495213
	Spokane	WA	99208-1224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Holy Family Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	250.00	
— В.	Full Name (Last, First, Middle Initial) Mr. Richard W Linneweh			Date of Receipt
	Mailing Address 2811 Tieton Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	
	Yakima	WA	98902-3799	Transaction ID: 14495214
		VVA	90902-3799	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Yakima Valley Memorial Ho-	Occupation		
	spital	1	t and Chief Executive Office	<u>r </u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	200.00	J
— С.	Full Name (Last, First, Middle Initial) Ms. Susan Reiter			Date of Receipt
٥.	Mailing Address PO Box 307			M M / D D / Y Y Y Y
	1 O Box 607			08 21 2007
	City	State	Zip Code	Transaction ID: 14495215
	Enumclaw	WA	98022-0307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer	Occupation	า	\dashv
	Name of Employer Enumclaw Regional Hospital	Trustee	ı	
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	300.00	1
_	UDTOTAL (D T			800.00
L	UBTOTAL of Receipts This Page (optional)			
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	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 78 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Scott E. Armstrong Mailing Address 3855 44th Avenue NE			Date of Receipt M M
	City	State	Zip Code	Transaction ID: 14495216
	Seattle	WA	98105-5448	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Group Health Eastside Hos- pital	Occupation Executive	n e Vice President	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. C. Scott Bond			Date of Receipt
	Mailing Address 914 South Scheuber Ro	ad	08 / 21 / Y Y Y Y Y Y	
	Control	State	Zip Code	Transaction ID: 14495217
	Centralia FEC ID number of contributing federal political committee.	C	98531-9027	Amount of Each Receipt this Period 500.00
	Name of Employer Providence St. Peter Hosp- ital	Occupation CEO	1	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
) .	Full Name (Last, First, Middle Initial) Mr. Ryland (Skip) Davis			Date of Receipt
	Mailing Address 101 West Eighth Avenue	Э		08 21 7 2007
	City	State	Zip Code	Transaction ID: 14495218
	Spokane 550 ID respectively of a cartella discrete	WA	99204-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Sacred Heart Medical Cent- er		ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SI	JBTOTAL of Receipts This Page (optional)			1500.00
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 26 / 78	
TEMIZED RECEIPTS			or each category of the	(check only one)	
• •	LIMIZED NEOEM 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	147
۸r	ry information copied from such Reports and State	monte may	y not be cold or used by any norse		17
or	for commercial purposes, other than using the nar	me and ado	lress of any political committee to	solicit contributions from such committee.	
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Mark D Judy			Date of Receipt	
	Mailing Address P O Box 646			08 21 7 2007	
	City	State	Zip Code	Transaction ID: 14495219	
	Monroe	WA	98272-0646	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Valley General Hospital	Occupation Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	-	500.00	1	
	Other (specify) ▼	0 0	300.00		
3.	Full Name (Last, First, Middle Initial) Mr. Marcel C Loh			Date of Receipt	
	Mailing Address 500 17th Avenue	08 21 7 2007			
	City	State	Zip Code	Transaction ID: 14495220	
	Seattle	WA	98124-5711	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		500.00	
	Curadiah Madiaal Cantar Ch	Occupation			
	erry Hill Cam		erating Officer		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify) ▼		500.00		
).	Full Name (Last, First, Middle Initial) Mr. Gary V Peck			Date of Receipt	
	Mailing Address P O Box 197			08 21 YYYY 2007	
	City	State	Zip Code	Transaction ID: 14495221	
	Chewelah	WA	99109-0197	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		275.00	
	St Incanh'c Hoenital	Occupation Administr			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		625.00		
	Other (specify) ▼		023.00		
s	UBTOTAL of Receipts This Page (optional)			1275.00	
T	OTAL This Period (last page this line number only	'n			
•	VIAL THIS I GHOW (1931 Page this line number only	,,	·······		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 78
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. George S. Carr			Date of Receipt
	Mailing Address 4803 Garden Grove Driv			08 / 21 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14495229
	Columbia	MO	65203-9720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of Missouri He- alth Care	Occupation Chief Info	n ormation Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	230.00	
	Full Name (Last, First, Middle Initial) Ms. Mary C. Becker			Date of Receipt
	Mailing Address 7800 South Eagle Road			08 / 21 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14495245
	Columbia	MO	65203-9017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		27.78
	Name of Employer Missouri Hospital Associa- tion	Occupation Senior VI	n P, Commc. & Health Improve	ement
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		222.24	
	Other (specify) ▼	0 0		
	Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights R	load		08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14495250
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		111.12
	Name of Employer Missouri Hospital Associa- tion	Occupation Sr. Vice I	n President, Health Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		888.96	
	Other (specify) ▼		000.30	
SI	JBTOTAL of Receipts This Page (optional)			388.90
т	OTAL This Period (last page this line number or	ılv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 78
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		si coo or arry pointed committee to	Solicit Solici Batterio II Sili Sasir Solici II Sasir S
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Ms. Kathleen C. Poff			Date of Receipt
Mailing Address 5119 Coventry Waye			08 / 21 / Y Y Y Y Y
City Jefferson City	State MO	Zip Code 65101-8284	Transaction ID: 14495257
FEC ID number of contributing federal political committee.	C	03101-0204	Amount of Each Receipt this Period 27.78
Name of Employer Missouri Hospital Associa- tion	Occupation Senior V	n ice President & CFO	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 222.24	
Full Name (Last, First, Middle Initial) 3. Mr. Gerald M. Sill, J.D.			Date of Receipt
Mailing Address 2906 Valley View Terr	ace		08 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14495261
Jefferson City	MO	65109-1069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		27.78
Name of Employer Missouri Hospital Associa-	Occupation Vision Vision		
tion		ice President & General Cou e Year-to-Date ▼	nse
Primary General	1.99.19		1
Other (specify) ▼		222.24	
Full Name (Last, First, Middle Initial) Mr. Marc D. Smith			Date of Receipt
Mailing Address 5612 Tanner Bridge R	load		08 21 7 2007
City	State	Zip Code	Transaction ID: 14495262
Jefferson City	MO	65101-8275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		111.12
Name of Employer Missouri Hospital Associa-	Occupation	n t and Chief Executive Officer	
tion Receipt For:		e Year-to-Date Very rear-to-Date Very rear	\dashv
Primary General Other (specify) ▼	33 13	777.84	
SUBTOTAL of Receipts This Page (optional) .			166.68
TOTAL This Period (last page this line number	r only)		
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29/78
IT	EMIZED RECEIPTS		or each category of the	(check only one)
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or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Francisco J Perez, , FACHE			Date of Receipt
	Mailing Address 3965 Southern Boulevan	08 13 2007		
	City	State	Zip Code	Transaction ID: 14495344
	Dayton	OH	45429-1229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kettering Health Network	Occupation Network	n Chief Executive Officer	1
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Gregory R. Wise, MD			Date of Receipt
	Mailing Address 4300 Delco Dell Road	08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 14495345
	Kettering	OH	45429-1211	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Kettering Medical Center- Network	Occupation Vice Pres	n sident Medical Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. R. Reed Fraley			Date of Receipt
	Mailing Address 257 Clouse Lane			08 13 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14495346
	Granville	OH	43023-1428	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ice President	7
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			625.00
			V	

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 30 / 78
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Si	tatements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial)			Parts of Paradial
A. Dr. Gordon L Alexander, , M.D. Mailing Address 2450 Riverside Avenue	1		Date of Receipt
	•		08 21 2007
City	State	Zip Code	Transaction ID: 14498363
Minneapolis	MN	55454-1512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		270.00
Name of Employer University of Minnesota	Occupation		7
Medical Center	Presiden	•	_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)	0 0	270.00	
Full Name (Last, First, Middle Initial) 3. Mr. Craig J Broman			Date of Receipt
Mailing Address 1406 Sixth Avenue Nor	rth		0 8 2 1 2 0 0 7
011			
City	State MN	Zip Code	Transaction ID: 14498377
Saint Cloud		56303-1901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer St. Cloud Hospital	Occupation		
		t and Chief Executive Officer e Year-to-Date T	
Receipt For: Primary General	Aggregate	r rear-to-Date V	1
Other (specify)		250.00	
			1
Full Name (Last, First, Middle Initial) C. Ms Deb Fischer-Clemens			Date of Receipt
Mailing Address 3900 West Avera Drive)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 14498394
Sioux Falls	SD	57108-5729	Amount of Each Receipt this Period
FEC ID number of contributing	С		125.00
federal political committee.	0		
Name of Employer Avera Health	Occupation		
		Center for Public Policy e Year-to-Date ▼	_
Receipt For: Primary General	Ayyreyale	, ויסמו־נט־טמוט ▼	1
Other (specify) ▼		375.00	
SUBTOTAL of Receipts This Page (optional)			645.00
CODITION OF THEORIPS THIS Page (optional)		······································	
TOTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 31 / 78
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			2 otaliou cullinary i ago	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Dr. Alan L Goldbloom, , M.D.			Date of Receipt
	Mailing Address 345 North Smith Avenue	Э		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14498401
	Saint Paul	MN	55102-2346	Amount of Each Receipt this Period
			00.02 20.0	7 tilloditt of Edolf fleedipt tillo f erlod
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer Children's Hospitals and	Occupation	1	
	Children's Hospitals and Clinics of Mi	President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		270.00	1
	Other (specify) ▼		270.00	
В.	Full Name (Last, First, Middle Initial) Mr. Harlan Hallquist			Date of Receipt
	Mailing Address 9855 West 78th Street			M M / D D / Y Y Y Y
	Suite 270			08 21 2007
	City	State	Zip Code	Transaction ID: 14498405
	Eden Prairie	MN	55344-8002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		1		
	Name of Employer J.E. Dunn Construction Co-	Occupation Vice Pres		
	mpany Passint For:	1		_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	' '	250.00	
	callor (opeciny) 🔻	0 0	1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Timothy H Hanson			Date of Receipt
	Mailing Address 559 Capitol Boulevard, (6-South		M M / D D / Y Y Y Y
				08 21 2007
	City	State	Zip Code	Transaction ID: 14498407
	Saint Paul	MN	55103-0000	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer HealthEast Care System	Occupation		
		-	and Chief Executive Officer	-
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	☐ Other (specify) ♥		1 1 1 1 1 1 1 1	
_	IIDTOTAL of Descripts This Descriptions !!		-	770.00
\vdash	UBTOTAL of Receipts This Page (optional)		······································	
1				The state of the s

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 78 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Mary Krinkie Mailing Address 2550 University Avenue	W		Date of Receipt
	Suite 350-S			08 21 2007
	City Saint Paul	State MN	Zip Code 55114-1052	Transaction ID: 14498421 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Minnesota Hospital Associ- ation	Occupation Vice Pres	sident	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Lawrence J Massa			Date of Receipt
	Mailing Address 301 Becker Avenue SW			08 21 2007
	City	State	Zip Code	Transaction ID: 14498741
	Willmar FEC ID number of contributing federal political committee.	C	56201-3395	Amount of Each Receipt this Period 520.00
	Name of Employer Rice Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 520.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Chad Meyer			Date of Receipt
	Mailing Address 625 South Lakeshore			08 21 2007
	City Glenwood	State MN	Zip Code 56334-1549	Transaction ID: 14498746 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer Dairyland Healthcare Solu- tions		of Marketing	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1250.00	
s	JBTOTAL of Receipts This Page (optional)			2270.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 78 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. David R Page			Date of Receipt
	Mailing Address 2450 Riverside Avenue			08 21 2007
	City Minneapolis	State MN	Zip Code 55454-1400	Transaction ID: 14503505 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Fairview Health Services	Occupation Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
В.	Full Name (Last, First, Middle Initial) Mr. Steve Perkins			Date of Receipt
	Mailing Address 305 East Luverne Stree	t		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14503507
	Luverne	MN	56156-1611	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Sanford Hospital Luverne	Occupation Board Ch		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman			Date of Receipt
	Mailing Address 200 East University Ave	enue		0 8 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 14503508
	Saint Paul	MN	55101-2598	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Gillette Children's Speci-	Occupation		
	alty Healthca Receipt For:		t and Chief Executive Office e Year-to-Date ▼	
	Primary General Other (specify) ▼	gg. ogaic	500.00	1
s	UBTOTAL of Receipts This Page (optional)			1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 78 (check only one)
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.				Date of Receipt
	Mailing Address P O Box 43			08 21 7 2007
	City	State	Zip Code	Transaction ID: 14503509
	Minneapolis	MN	55440-0043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Allina Hospitals & Clinics	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Terence Pladson, , M.D.			Date of Receipt
	Mailing Address 1406 Sixth Avenue Nort	h		08 21 7 2007
	City	State	Zip Code	Transaction ID: 14503510
	Saint Cloud	MN	56303-1900	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		520.00
	Name of Employer CentraCare Health System		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		520.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John T Porter			Date of Receipt
	Mailing Address P O Box 38			08 21 2007
	City	State	Zip Code	Transaction ID: 14503512
	Yankton	SD	57078-0038	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Avera Health	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
S	UBTOTAL of Receipts This Page (optional)			1145.00
ı				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 35 / 78
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Stephen Pribyl			Date of Receipt
	Mailing Address 800 Medical Center Driv	/e		08 21 2007
	City	State	Zip Code	Transaction ID: 14503513
	Fairmont	MN	56031-4575	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Fairmont Medical Center-M-	Occupation	n ministrative Officer	
	ayo Health Sy Receipt For:		Year-to-Date ▼	_
	Primary General	, iggi ogalo		1
	Other (specify) ▼		375.00	
В.	Full Name (Last, First, Middle Initial) Mr. Larry A. Schulz			Date of Receipt
	Mailing Address 7650 Edwinborough Wa	ay		M M / D D / Y Y Y Y
	Suite 200			08 21 2007
	City	State	Zip Code	Transaction ID: 14503523
	Minneapolis	MN	55435-5978	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer	Occupation	1	-
	Catholic Health Initiativ-		President, Operations	
	es Receipt For:		Year-to-Date ▼	
	Primary General	7 199. 094.0		1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
C.	Mr Mark A Skubic			Date of Receipt
	Mailing Address 6500 Excelsior Bouleva	rd		08 21 YYYY 2007
	City	State	Zip Code	Transaction ID: 14503526
	Minneapolis	MN	55426-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer Park Nicollet Health Serv-	Occupation	1	
	Park Nicollet Héalth Services		sident Government Relations	s an
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		270.00	
_				
s	UBTOTAL of Receipts This Page (optional)			645.00
\vdash	,		_	

S	CHEDULE A (FEC Form 3X)		Llac congrete cohodulo(a)	FOR LINE NUMBER: PAGE 36 / 78
	ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Fredrick Slunecka			Date of Receipt
	Mailing Address P O Box 5045			08 21 2007
	City	State	Zip Code	Transaction ID: 14503527
	Sioux Falls	SD	57117-5045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		125.00
	Name of Employer Avera McKennan Hospital and University	Occupation Regional	n President	
	Receipt For:		e Year-to-Date ▼	
	Primary General		375.00	7
	Other (specify)	0 0	373.00	
В.	Full Name (Last, First, Middle Initial) Mr. David K Wessner			Date of Receipt
	Mailing Address 6500 Excelsior Boulevard			0 8 2 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 14503534
	Saint Louis Park	MN	55426-4702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Park Nicollet Health Serv- ices	Occupation President	n t and Chief Executive Office	r
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
c.	Full Name (Last, First, Middle Initial) Ms. Peggy Westby			Date of Receipt
	Mailing Address 2550 University Avenue Suite 350-S			08 21 2007
	City	State	Zip Code	Transaction ID: 14503535
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Minnesota Hospital Associ-	Occupation Vice Pres		
	ation Receipt For:		e Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			875.00
\vdash				
Ιт	OTAL This Period (last page this line number of	only)		

COUEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 37 / 78	
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)	
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17	
۸r	y information copied from such Reports and St.	atomonte may	rot be cold or used by any person		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Kenneth A Samet			Date of Receipt	
	Mailing Address 5565 Sterrett Place, 5th	n Floor		08 27 Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14507979	
	Columbia	MD	21044-2665	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		1000.00	
	Name of Employer MedStar Health	Occupation President	n t and Chief Operating Office	r	
	Receipt For:	Aggregate	Year-to-Date ▼	7	
	Primary General			1	
	Other (specify) ▼		1000.00		
				A	
В.	Full Name (Last, First, Middle Initial) Mr. Victor A Broccolino			Date of Receipt	
	Mailing Address 5755 Cedar Lane	M M / D D / Y Y Y Y			
				08 27 2007	
	City	State	Zip Code	Transaction ID: 14507980	
	Columbia	MD	21044-2999	Amount of Each Receipt this Period	
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer	Occupation	 n	-	
	Name of Employer Howard County General Hos-		t and Chief Executive Office	,	
	pital Receipt For:		e Year-to-Date ▼	-	
	Primary General	7.99.094.0		1	
	Other (specify) ▼		250.00		
				1	
C.	Full Name (Last, First, Middle Initial) Mr. Michael R. Dunaway			Date of Receipt	
	Mailing Address 15081 Linden Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14507983	
	Leawood	KS	66224-3412	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Health Alliance of MidAme-	Occupation	n	7	
	rica, The	Senior VI	P, Field Operations		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify)		250.00		
١	UBTOTAL of Receipts This Page (optional)			1500.00	
\vdash				-	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 78
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Shawn Smothers			Date of Receipt
	Mailing Address 317 First Avenue, NW P. O. Box 697			08 / 27 / Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14507985
	Kenmare	ND	58746-7104	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Trinity Health	Occupation Administ		
	Receipt For:		e Year-to-Date ▼	
	Primary General			
	Other (specify) 🔻	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Hill			Date of Receipt
	Mailing Address 43 Russet Drive	08 31 7 2007		
	City	State	Zip Code	Transaction ID: 14513553
	Pittsfield	NH	03263-3411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer New Hampshire Hospital As- sociation	Occupation Presiden	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		1000.00	
	Other (specify) 🔻	0 0	1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Andrew Patterson			Date of Receipt
	Mailing Address 80 Highland Street			08 31 7 2007
	City	State	Zip Code	Transaction ID: 14513554
	Laconia	NH	03246-3235	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer LRGhealthcare	Occupation Director,	n Contracting & Corp. Compli	ar
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	500.00	
	Other (specify) 🔻	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			2000.00
_	OTAL This Deviced (last record this line record)	als ()		
- 1 '	OTAL This Period (last page this line number or	п у)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBE	ER: PAGE 39/78
	EMIZED RECEIPTS		or each category of the	(check only one)	
• •	LIMIZED REGEII 13		Detailed Summary Page	X 11a 11b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Δr	ny information conied from such Reports and Sta	tomonte may	y not be sold or used by any perso		
or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions fi	rom such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)				
/	American Hospital Association PAC				
۹.	Full Name (Last, First, Middle Initial) Mr. Thomas Clairmont			Date of Receipt	1
	Mailing Address 15 Aiken Avenue	Otata	7'. O. d.	0 8	31 2007
	City Franklin	State NH	Zip Code	Transaction ID	
			03235-1259	Amount of Each	n Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Franklin Regional Hospital	Occupation Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
 3.	Full Name (Last, First, Middle Initial) Mr. Mark J Neff. , CHE			Date of Receipt	
	Mailing Address 222 Medical Circle			M M / D	2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID	: 14513556
	Morehead	KY	40351-1180	Amount of Eacl	n Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer St. Claire Regional Medic- al Center	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		1000.00		
Э.	Full Name (Last, First, Middle Initial) Mr. Robert L. Shircliff			Date of Receipt	<u> </u>
	Mailing Address 2104 Rudy Lane			0 8	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID	: 14513557
	Louisville	KY	40207-1204	Amount of Eacl	n Receipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Jewish Hospital & St. Mar-	Occupation		7	
	y's HealthCar	1	ice President		
	Receipt For:	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		1000.00		
s	UBTOTAL of Receipts This Page (optional)				2500.00
			·		
T	OTAL This Period (last page this line number or	nly)	>		

COMEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 40 / 78
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	y not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee t	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	7 III 0 1 0 0 0 1 1 1 0 0 0 1 0 1 0 1 0 1			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Greg Kiser			Date of Receipt
	Mailing Address P O Box 769			M M / D D / Y Y Y Y
				08 27 2007
	City	State	Zip Code	Transaction ID: 14513558
	Louisa	KY	41230-0769	Amount of Each Receipt this Period
	FEC ID number of contributing	C		600.00
	federal political committee.			000.00
	Name of Employer	Occupation		_
	Name of Employer Three Rivers Medical Cent-		ecutive Officer	
	er Receipt For:		Year-to-Date ▼	
	Primary General	riggrogato	Tear to Bate V	
	Other (specify)		600.00	
	cc. (cpcc)/ \	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Robert D Fraraccio, , CHE			Date of Receipt
	Mailing Address P O Box 630	M M / D D / Y Y Y Y		
				08 27 2007
	City	State	Zip Code	Transaction ID: 14513559
	Winchester	KY	40392-0630	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer	Occupation		
	Name of Employer Clark Regional Medical Ce-		ecutive Officer	
	nter Receipt For:	1	Year-to-Date ▼	
	Primary General	riggrogato	Tear to Bate V	
	Other (specify) ▼		1000.00	
			0 0 0 0 0 0 0	_
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Marlene J Krein			Date of Receipt
	Mailing Address 1031 Seventh Street NE			M M / D D / Y Y Y Y
				08 27 2007
	City	State	Zip Code	Transaction ID: 14513563
	Devils Lake	ND	58301-2719	Amount of Each Receipt this Period
	FEC ID number of contributing	C		1000.00
	federal political committee.			1000.00
	Name of Employer	Occupation	 1	\dashv
Mercy Hospital Pres			and Chief Executive Office	er
			Year-to-Date ▼	
	Primary General			¬
Other (specify)		1	1000.00	
				-
s	UBTOTAL of Receipts This Page (optional)			2600.00
H	1 -0- (-p0)			_
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X)			Han apparate ash = dista(a)	FOR LINE NUMBER: PAGE 41 / 78
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
۸	information conicd from such Departs and Chat			13 14 15 16 17
or f	y information copied from such Reports and Stat or commercial purposes, other than using the na	ements may ame and add	ress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Ms Susan Doherty			Date of Receipt
	Mailing Address 720 Fourth Street North			08 27 2007
	City	State	Zip Code	Transaction ID: 14513566
	Fargo	ND	58122-4520	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer MeritCare Health System		Public Policy and Governme	entR
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)		0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial) Mr. Ronald L Jacobson			Date of Receipt
	Mailing Address 305 South State Street	M M / D D / Y Y Y		
	City	08 27 2007		
	Aberdeen	State SD	Zip Code 57402-4450	Transaction ID: 14513975
			37402-4450	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Avera St. Luke's	Occupation		
			and Chief Executive Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Mr. David Link			Date of Receipt
	Mailing Address 4601 Shields Avenue S.	08 27 2007		
	City	State	Zip Code	Transaction ID: 14523891
	Sioux Falls	SD	57103-5818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		С		250.00
	Name of Employer Sanford Health	Occupation Executive	Vice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
	· · · · · · · · · · · · · · · · · · ·			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 78
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
A.	Ms Cindy Morrison			Date of Receipt
	Mailing Address P O Box 5039			M M / D D / Y Y Y Y
				08 27 2007
	City	State	Zip Code	Transaction ID: 14523892
	Sioux Falls	SD	57117-5039	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
		1		
	Name of Employer Sanford University of Sou-	Occupation		
	th Dakota Med		ce President for Public Polic	; <u> </u>
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)			
В.	Full Name (Last, First, Middle Initial) Ms. Michelle McEwen			Date of Receipt
υ.				─
	Mailing Address 16 Hospital Road			08 30 2007
	City	State	Zip Code	Transaction ID: 14548385
	Plymouth	NH	03264-1126	
	•	INII	03204-1120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political confinitiee.			
	Name of Employer	Occupation	1	
	Speare Memorial Hospital	President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	-		1
	Other (specify)		250.00	
				1
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Louise McCleery			Date of Receipt
	Mailing Address 245 Main Street			M M / D D / Y Y Y Y
	0::	0		08 30 2007
	City	State	Zip Code	Transaction ID: 14548386
	Colebrook	NH	03576-3002	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	_
	Upper Connecticut Valley		cutive Officer	
	Hospital Receipt For:		Year-to-Date ▼	_
	Primary General	, 1991 09410		1
	Other (specify)		250.00	
		0 0	1 1 1 1 1 1 1	1
_	IIPTOTAL of Possints This Page (antichel)			750.00
\vdash	UBTOTAL of Receipts This Page (optional)		······	
1				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 43 / 78
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
-			Detailed Summary Page	X 11a
Ar	y information copied from such Reports and Statem	nents may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nam	e and add	ress of any political committee to	solicit contributions from such committee.
/	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
/	American hospital Association PAC			
Δ	Full Name (Last, First, Middle Initial) Ms. Anne Jamieson			Date of Receipt
``	Mailing Address One Parkland Drive			M M / D D / Y Y Y Y
	21	. .		08 30 2007
	City Derry	State NH	Zip Code 03038-2746	Transaction ID: 14548387
	FFC ID number of contribution		03036-2740	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Parkland Medical Center	occupation		
			ecutive Officer Year-to-Date ▼	-
	Primary General	nggregate		
	Other (specify) ▼	0 0	250.00	
 ₹	Full Name (Last, First, Middle Initial) Mr. Joseph M Kortum			Date of Receipt
•	Mailing Address P O Box 1600		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 14548394
		WA	98668-1600	Amount of Each Receipt this Period
	FEC ID number of contributing	0 '		250.00
	federal political committee.	C		250.00
	Name of Employer Southwest Washington Medi-	occupation	1	7
	cal Center		and Chief Executive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. James Leonard			Date of Receipt
	Mailing Address 413 Lilly Road NE			M M / D D / Y Y Y Y
	011	01-1-	7'- 0-4-	08 30 2007
	City Olympia	State WA	Zip Code 98506-5166	Transaction ID: 14548395 Amount of Each Receipt this Period
	EEC ID asserbes of a satisfaction		30300 3100	
	federal political committee.	C		250.00
	Providence St. Peter Hosp-	occupation		7
	ital	dministr		4
Receipt For: Agg		aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
_	LIRTOTAL of Receipts This Page (entional)			750.00
_	UBTOTAL of Receipts This Page (optional)		······	
т	OTAL This Period (last page this line number only)		•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
Ar	y information copied from such Reports and State	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Jeffrey D Selberg			Date of Receipt
	Mailing Address 2420 West 26th Ave, Ste	100-D		08 30 2007
	City	State	Zip Code	Transaction ID: 14548414
	Denver	CO	80211-5302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Evernale Healtheare Inc	Occupation President	n and Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Kenneth E S Platou			Date of Receipt
	Mailing Address 800 South Third Street	08 30 7 2007		
	City	State	Zip Code	Transaction ID: 14548415
	Montrose	CO	81401-4291	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Montrose Mémórial Hospital	Occupation Chief Exe	n ecutive Officer	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John Sackett			Date of Receipt
	Mailing Address 100 Health Park Drive			08 30 7 2007
	City	State	Zip Code	Transaction ID: 14548416
	Louisville	CO	80027-9583	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Avista Adventist Hospital		ecutive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 45 / 78
	•		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or f	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. Mitchell C Carson			Date of Receipt
	Mailing Address P O Box 1659			08 30 7 2007
	City	State	Zip Code	Transaction ID: 14548417
	Longmont	CO	80502-1659	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Longmont United Hospital		and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Other (specify)	0 0		
_	Full Name (Last, First, Middle Initial) Mr. Karl B Gills			Date of Receipt
	Mailing Address 1024 Central Park Drive	M M / D D / Y Y Y Y		
		08 30 2007		
	City	State	Zip Code	Transaction ID: 14548418
	Steamboat Springs	CO	80487-8813	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	rederal political committee.			
	Name of Employer Yampa Valley Medical Cent-	Occupation		
	er		cutive Officer	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial) Mr. John R Hicks			Date of Receipt
	Mailing Address 1850 Egbert Street			0 8
	City	State	Zip Code	Transaction ID: 14548419
	Brighton	CO	80601-2404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Platte Valley Medical Cen- ter	Occupation President	and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	
	Other (specify)		500.00	
SI	JBTOTAL of Receipts This Page (optional)		······	1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 78 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		·	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Herman Schreivogel			Date of Receipt
	Mailing Address P O Box 248			08 / 30 / Y Y Y Y Y Y Y
	City Hugo	State CO	Zip Code 80821-0248	Transaction ID: 14548420
	FEC ID number of contributing		00021-0240	Amount of Each Receipt this Period
	federal political committee.	C		250.00
	Name of Employer Lincoln Community Hospital and Nursing	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 3.	Full Name (Last, First, Middle Initial) Mr. Alan W Brass, FACHE			Date of Receipt
	Mailing Address 4615 Ginger Hill Rd.			08
	City	State	Zip Code	Transaction ID: 14548441
	Toledo	OH	43623-1095	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ProMedica Health System		ecutive Officer and Presiden	1
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		250.00	
).	Full Name (Last, First, Middle Initial) Mr. Randy Oostra			Date of Receipt
	Mailing Address 21 Tremore Way			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14548442
	Holland	OH	43528-9108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ProMedica Health System		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
			<u> </u>	
T	OTAL This Period (last page this line number of	niy)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 47 / 78
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara J. Petee			Date of Receipt
	Mailing Address 4621 Beaconsfield Ct.			08 / 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14548443
	Toledo	OH	43623-3205	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer ProMedica Health System	Occupation Vice Pres	n sident, Government Relation	s
	Receipt For:		e Year-to-Date ▼	
	Primary General	-	250.00	1
	Other (specify) 🔻	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Ms. Barbara Steele			Date of Receipt
	Mailing Address 2142 North Cove Boulet	08 30 7 2007		
	City	State	Zip Code	Transaction ID: 14548444
	Toledo	OH	43606-3896	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Toledo Hospital, The	Occupation President		7
	Receipt For:		e Year-to-Date ▼	_
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	250.00	
) .	Full Name (Last, First, Middle Initial) Mr Jack M Bryan			Date of Receipt
	Mailing Address 900 East Oak Hill Avenu	ıe		08 30 2007
	City	State	Zip Code	Transaction ID: 14548458
	Knoxville	TN	37917-4556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer St. Mary's Medical Center	Occupation Chief Op	n erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) 🔻	0 0	300.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
т.	OTAL This Period (last page this line number o	nlv)		
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S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 / 78
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Andrew Hall			Date of Receipt
	Mailing Address 1905 Amerian Way			08 30 7 2007
	City	State	Zip Code	Transaction ID: 14548459
	Kingsport	TN	37660-5882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Wellmont Health System	Occupation Director,	n Community Affairs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Mr. Richard Parks			Date of Receipt
	Mailing Address 708 West Forest Avenu	ie		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14548460
	Jackson	TN	38301-3901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer West Tennessee Healthcare	Occupation President	t, Chief Executive Officer	
	Receipt For:	_	Year-to-Date ▼	
	Primary General Other (specify) ▼	33 3 3	500.00	
— С.	Full Name (Last, First, Middle Initial) Ms. Laurie Acred-Natelson			Date of Receipt
	Mailing Address 1901 Clinch Avenue			08 30 2007
	City	State	Zip Code	Transaction ID: 14548461
	Knoxville	TN	37916-2307	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fort Sanders Regional Med- ical Center		of Medical/Surgical Nursing	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 78		
	EMIZED RECEIPTS		or each category of the	(check only one)		
••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12		
۸۰	ny information copied from such Reports and St	otomonto moi	, not be eald ar used by any nare	13 14 15 16 17		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
A.				Date of Receipt		
	Mailing Address 506 A East Howell Aver		71.0	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR1034595119490		
	Alexandria	VA	22301	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Associate	n e Director			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		360.00	P/R Deduction (\$20.00 Bi-		
	Other (specify)	0 0	000.00	Weekly)		
В.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt		
	Mailing Address 325 Seventh Street, NV Suite 700			M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR1045726219490		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		150.00		
	Name of Employer American Hospital Associa-	Occupation	n			
	tion-Washingt		ef Washington Counsel			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Bi- Weekly)		
_	Full Name (Last, First, Middle Initial)					
C.	Ms. Sohini Jindal			Date of Receipt		
	Mailing Address 325 Seventh Street, NV	V		M " M / D " D / Y " Y " Y " Y		
	City	State	Zip Code	Transaction ID: PR1125613619490		
	Washington	DC	20004-2818	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		60.00		
	Name of Employer American Hospital Associa-		n ssociate Director			
tion washingt			e Year-to-Date ▼			
	Primary General Other (specify) ▼	0 0	360.00	P/R Deduction (\$20.00 Bi- Weekly)		
	UBTOTAL of Receipts This Page (optional)			270.00		
\vdash	ODITION OF THE CEIPIS THIS FAGE (OPHORIAL)					
Т.	TOTAL This Period (last page this line number only)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 50 / 78
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or 1	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
	Ms. Mary Meadows			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1260472919490
	Chicago	II	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing		000000	
	federal political committee.	C		41.67
	Name of Employer American Organization of	Occupation		7
	Nurse Executi		of Professional Practice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.02	P/R Deduction (\$13.89 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0	(Weekly)
_	Full Name (Last, First, Middle Initial) Mr. Alex White, Jr.			Date of Receipt
٥.	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	Mailing Address One North Franklin			M M , D D , Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1339349919490
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing			180.00
	federal political committee.	C		180.00
	Name of Employer	Occupation	n	\dashv
	Name of Employer American Hospital Associa- tion		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		4000.00	P/R Deduction (\$60.00 Bi-
	Other (specify)		1020.00	Weekly)
	Full Name (Last, First, Middle Initial) Ms. Frances Margolin			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1347702719490
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing	C		75.00
	federal political committee.	<u> </u>		7 6.00
	Name of Employer	Occupation	n	-
	American Hospital Associa- tion-Chicago		sident, Operatinos HRET	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		300.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional))	296.67
				-

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 51 / 78
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
•	- information and the second Obst			13 14 15 16 17
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			_
A.				Date of Receipt
	Mailing Address One North Franklin	01-1-	7'- O-d-	M M / D D / Y Y Y Y
	Chicago	State IL	Zip Code	Transaction ID: PR1347703619490
	Chicago	IL.	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident & CIO	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	P/R Deduction (\$25.00 Bi-
	Other (specify)	0 0	300.00	Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Linda Fishman			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	M M / D D / Y Y Y Y		
	City	State	Zip Code	Transaction ID: PR327629119490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		135.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident Federal Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		720.00	P/R Deduction (\$45.00 Bi- Weekly)
— С.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
٠.	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727319490
	Lake Barrington	IL	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Hospital Associa-		n	
	American Hospital Associa- tion-Chicago	Vice Pres	sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	· · ·	600.00	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		000.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			360.00
1 1	OTAL This Period (last page this line number on	IV)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 52 / 78
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745919490
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Grassroots Advocacy	
	Receipt For:		Year-to-Date ▼	
	Primary General		600.00	P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	600.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801719490
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Vice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify)		300.00	P/R Deduction (\$25.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812019490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Organization of	Occupation		7
	Nurse Executi	Executive	e Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		895.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			345.00
	. 3 (1 %)			
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 53 / 78
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NV Apt. 1008			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327851919490
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Policy Development	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$25.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858019490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		e Director, AHAPAC	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		720.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR327877819490
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		130.47
	Name of Employer American Hospital Associa-	Occupation		\neg
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		652.35	P/R Deduction (\$43.49 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			325.47
\vdash			•	_
T	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 54 / 78
ITEMIZED RECEIPTS		or each category of the	(check only one)
I LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Any information posted from such Bounds at 100	tomests	unat ha aald ay wasal by says	13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may lame and add	not be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
/			
Full Name (Last, First, Middle Initial) A. Mr. George F. Bergstrom			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
Che Horiti Familia			
City	State	Zip Code	Transaction ID: PR327895719490
Chicago	IL	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing	С		75.00
federal political committee.	C		70.00
Name of Employer American Hospital Associa-	Occupation	n	7
American Hospital Associa- tion-Chicago	Vice Pres	sident	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General	-	300.00	P/R Deduction (\$25.00 Bi-
Other (specify)			Weekly)
Full Name (Last, First, Middle Initial)			+
3. Dr. John R. Combes, M.D.			Date of Receipt
Mailing Address 1610 Tahiti Court			M M / D D / Y Y Y Y
011	01-1-	7'- 0-4-	
Cult Progra	State FL	Zip Code	Transaction ID: PR328006019490
Gulf Breeze	FL	32563-4937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
·			
Name of Employer American Hospital Associa-	Occupation		
tion-Chicago	1	enter for Healthcare Governa	n¢e —
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (050 00 D'
Other (specify)	' '	600.00	P/R Deduction (\$50.00 Bi- Weekly)
		0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)			
Mr. Richard J Umbdenstock			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR328132819490
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		135.00
Name of Employer	Occupation	n	4
Name of Employer American Hospital Associa- tion-Washingt	Presiden		
Receipt For:		e Year-to-Date ▼	
Primary General	111		P/R Deduction (\$45.00 Bi-
Other (specify)		720.00	Weekly)
011070741 (5) 11 711 5 (11 11 11			360.00
SUBTOTAL of Receipts This Page (optional)		······	
TOTAL This Period (last nage this line number of	nlv)	•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 55 / 78
	EMIZED RECEIPTS		or each category of the	(check only one)
••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
۸	winformation and them and December and Cha			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	lame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach			Date of Receipt
	Mailing Address 204 South 7th Avenue			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328136919490
	La Grange	<u>IL</u>	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Sr. Vice I	n President, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Bi- Weekly)
_	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian			Date of Receipt
٥.	Mailing Address 5545 N. Wayne			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328223819490
	Chicago	IL	60640-1318	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328224919490
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Hospital Associa- tion-Washingt		President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			375.00
	·		·	
T	OTAL This Period (last page this line number or	nly)	>	

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 56 / 78	_
			Use separate schedule(s)	(check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12	
			Detailed Gammary 1 age	13 14 15 16	17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions	
	1 1 .	iame and add	diess of any political committee to	Solicit Contributions from Such Committee.	_
/	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	American Hospital Association 1 Ac				
	Full Name (Last, First, Middle Initial)			Data of Deceipt	
٦.	Mr. Ronald O. Purcell Mailing Address 1093 N. Faldo Way			Date of Receipt	
	Mailing Address 1093 N. Faido Way			M M , B b B , T T T T T	
	City	State	Zip Code	Transaction ID: PR328241419490	
	<u>Eagle</u>	ID	83616-5369	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		83.34	1
	Name of Familian	10		_	
	Name of Employer American Hospital Associa-	Occupation	n Executive		
	tion-Chicago Receipt For:		Year-to-Date ▼	-	
	Primary General	33 - 3		P/R Deduction (\$27.78 Bi-	
	Other (specify) ▼	0 0	500.04	Weekly)	
_	Full Name (Last, First, Middle Initial)			5. (5.)	
3.	Mr. Richard J. Pollack Mailing Address 325 Seventh Street, NW	<u> </u>		Date of Receipt	
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR328260919490	
	Washington	DC	20004-2818	Amount of Each Receipt this Period	
	FEC ID number of contributing	C		120.00	1
	federal political committee.				_
	Name of Employer American Hospital Associa-	Occupation			
	tion-Washingt		e Vice President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		720.00	P/R Deduction (\$40.00 Bi- Weekly)	
2.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt	
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y	
	City	Ctoto	Zin Codo	: .= DD000010410400	
	City Arnold	State MD	Zip Code 21012-2126	Transaction ID: PR328310419490	
			21012-2120	Amount of Each Receipt this Period	7
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer American Hospital Associa-	Occupation	n	1	
	American Höspital Associa- tion-Washingt	Sr. Vice I	President, Communications		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	600.00	P/R Deduction (\$50.00 Bi- Weekly)	
	Other (specify)			w GGRiy)	
SI	JBTOTAL of Receipts This Page (optional)			353.34]
			••••••		i
T	OTAL This Period (last page this line number of	nly))		1

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 57 / 78
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or 1	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			B . (B
	Mr. Stephen M. Ahnen			Date of Receipt
	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312719490
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
		I 0		_
	Name of Employer American Hospital Associa-	Occupation Senior Vi	ce President	
	tion-Washingt Receipt For:		Year-to-Date ▼	-
	Primary General	7.99.094.0	Total to Bate V	P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		600.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW			M M / D D / Y Y Y Y
	Suite 700			
	City	State	Zip Code	Transaction ID: PR328341819490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation	1	7
	tion-Washingt	Director,	Political Action & Grassroot	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		720.00	P/R Deduction (\$40.00 Bi- Weekly)
	Other (specify)			(Veekly)
`	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
٠.	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511819490
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing	С		142.80
	federal political committee.			
	Name of Employer American Hospital Associa-	Occupation	า	7
	tion-Chicago '		Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		856.80	P/R Deduction (\$47.60 Bi- Weekly)
	Cuter (specify)			Trookly)
	L			412.80
SI	UBTOTAL of Receipts This Page (optional)		·····	412.00
T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 78
ITEMIZED RECEIPTS			or each category of the	(check only one)
••	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 17 18 17 18 17 18 17 18 18
Δr	ny information copied from such Reports and St	atements may	y not be sold or used by any person	
or	for commercial purposes, other than using the	name and add	dress of any political committee to s	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512019490
	Arlington V.		22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Media Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	1
	Primary General Other (specify) ▼		360.00	P/R Deduction (\$20.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
ъ.	Mailing Address AHA			M M / D D / Y Y Y Y
	One North Franklin Stre	eet		
	City	State	Zip Code	Transaction ID: PR329013419490
	Chicago	<u> </u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa-	Occupation	1	1
	tion-Chicago		Psychiatric and Substance Al	<u> </u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		300.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Robyn Cooke			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	V		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329084419490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.22
	Receipt For:			1
			ssociate Director Executive Br	<u>r</u>
			Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	326.10	P/R Deduction (\$21.74 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			200.22
\vdash	OTAL This Period (last page this line number of		<u>, </u>	
	· · · · · · · · · · · · · · · ·	-··· <i>j </i>	······	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 78
IT	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δn	y information copied from such Reports and Sta	itements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt
	Mailing Address 500 Interstate Boulevard	d South		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329215719490
	Nashville	TN	37210-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer American Hospital Associa-	Occupation	n Executive	
	tion-Chicago Receipt For:		e Year-to-Date ▼	
	Primary General			P/R Deduction (\$50.00 Bi-
	Other (specify)	0 0	600.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330411619490
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		e Regional Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - 1 - 1' (005 00 D'
	Other (specify) ▼		300.00	P/R Deduction (\$25.00 Bi- Weekly)
D.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475419490
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer	Occupation	n	
	American Hospital Associa- tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, , , ,	720.00	P/R Deduction (\$40.00 Bi-
	Other (specify)	0 0		Weekly)
SI	UBTOTAL of Receipts This Page (optional)		·····	345.00
т	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 60 / 78
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR330534319490
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer American Hospital Associa-	Occupation Sr. Assoc	n ciate Director	
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	7
	Primary General			P/R Deduction (\$25.00 Bi-
	Other (specify)		300.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dr Unit 2303	ive		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547719490
	Chicago	<u>IL</u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago Receipt For:		sident, Strategic Planning	_
	Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	240.00	Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549219490
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago '		sident, Member Relations	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		360.00	P/R Deduction (\$20.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			195.00
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T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 61 / 78
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776119490
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.22
	Name of Employer American Hospital Associa- tion-Washingt	Occupation V.P., Adv	n vocacy & Member Communio	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	391.32	P/R Deduction (\$21.74 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304219490
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		57.72
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt Receipt For:		Advocacy and Public Policy (e Year-to-Date ▼	<u>Jp</u>
	Primary General	Aggregate	r rear-to-date V	B/B Doduction (\$10.24 Bi
	Other (specify) ▼	0 0	346.30	P/R Deduction (\$19.24 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416019490
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		180.00
	Name of Employer American Hospital Associa-	7		
tion			Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		1077.69	P/R Deduction (\$60.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			302.94
т,	OTAL This Period (last page this line number or	nlv)		
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 62 / 78 (check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may	y not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Mr. Donald May			Date of Receipt
Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR331533219490
Falls Church	VA	22046-2613	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Vice Pres	n sident, Policy	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		720.00	P/R Deduction (\$40.00 Bi- Weekly)
Full Name (Last, First, Middle Initial) 3. Ms. Elizabeth Summy			Date of Receipt
Mailing Address One North Franklin			M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR346168119490
Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		62.49
Name of Employer American Hospital Associa- tion-Chicago	Occupatio Executive	ⁿ e Director, ASHRM	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		333.28	P/R Deduction (\$20.83 Bi- Weekly)
Full Name (Last, First, Middle Initial) C. Ms. Kristin Welsh			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
City	State	Zip Code	Transaction ID: PR517619719490
Washington	DC	20004-2818	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		117.60
Name of Employer American Hospital Associa- tion-Washingt	Occupatio Senior D	n irector Executive Branch Relat	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	686.40	P/R Deduction (\$39.20 Bi- Weekly)
SUBTOTAL of Receipts This Page (optional)		>	300.09
TOTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 63/78 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Ms. Ashley B. Thompson Date of Receipt Mailing Address 606 South Royal Street M M / D D City State Zip Code **Transaction ID:** PR766023719490 Alexandria VA 22314-4142 Amount of Each Receipt this Period FEC ID number of contributing C 57.72 federal political committee. Name of Employer American Hospital Associa-tion-Washingt Occupation Senior Associate Director, Policy Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$19.24 Bi-Weekly) 307.82 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	57.72
TOTAL This Period (last page this line number only)	•	50314.75

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 78 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) California Healthcare Association PAC - Federal Mailing Address 1215 K Street Suite 800 City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupatio	Zip Code 95814 0237495 n e Year-to-Date ▼ 136000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED PAGE Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C C00 Occupatio	Zip Code 12144 0160259 n e Year-to-Date ▼	Date of Receipt M M J D D D 2 0 0 7 Transaction ID: 14494346 Amount of Each Receipt this Period 10000.00
Full Name (Last, First, Middle Initial) Health Alliance of PA PAC - Federal Mailing Address Post Office Box 8600 City Harrisburg FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupatio	Zip Code 17105-8600 0128082 n e Year-to-Date ▼ 45000.00	Date of Receipt M M O B O O O O O O O O O O O O O O O O
SUBTOTAL of Receipts This Page (optional)			55000.00
TOTAL This Period (last page this line number	only)		55000.00

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and Sor for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW		Date of Receipt
City Washington	State Zip Code DC 20005	Transaction ID: 14563049 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	336.92
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2704.87	Interest

SUBTOTAL of Receipts This Page (optional)	•	336.92
TOTAL This Period (last page this line number only)	•	336.92

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 78 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Blue Dog PAC Mailing Address 6849 Old Dominion Dog Suite 222 City McLean	rive State Zip Code VA 22101	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer	C C00305318 Occupation	Amount of Each Receipt this Period 2500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	Refund of Misdeposited Co- ntribution - Originally 1/07 to Democratic Freshm-

SUBTOTAL of Receipts This Page (optional)	•	2500.00
TOTAL This Period (last page this line number only)	•	2500.00

S	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)		FOR LINE		R:		l	PAGE	67 /	78
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page		(check only 21b 27	22 28a	ш.	:3 [24 28		25 29	26
	y Information copied from such Reports and Stater				any person f	or the pu	rpose	of so	licating	g contri	bution	
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\rangle	American Hospital Association PAC											
_	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	14563	3050		
Α.	American Express					Date o	of Disl			V V	V	V
	Mailing Address Ste. 001					0 8	/	0	1 /	2	0 ŏ 7	7 '
	City Chicago	State IL	Zip Code 60679			Amou	nt of E	Each [Disbur	semen	t this F	Period
	Purpose of Disbursement Merchant Fees				001		-				4.	50
	Candidate Name				ategory/ Type							
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	State: District:											
В.	Full Name (Last, First, Middle Initial) American Express					Trans Date of			14563 ment	3052		
	Mailing Address Ste. 001					0 ^M 8	M /	0	6 /	Ý Ž	0 ŏ 7	7 ^Y
	City Chicago	State IL	Zip Code 60679			Amou	nt of E	Each [Disbur	semen	t this F	Period
	Purpose of Disbursement Merchant Fees				001	L.					7.	38
	Candidate Name				ategory/ Type							
	Senate President	ement For: Primary Other (spe	General ecify) ▼			Merch	ant F	ees				
_	State: District: Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	14563	3342		
C.	Merchant Bankcard					Date o	of Dist м /			V V	V .	V
	Mailing Address 1601 Elm Street					0 8		0	6	2	0 ŏ 7	7
	City Dallas	State TX	Zip Code 75201			Amou	nt of E	Each (Disbur	semen		
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IT	EMIZED DISBURSEMENTS	for each category of the	(check only								
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			27	28a 28b 28c 29 30b							
	Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
\rangle	American Hospital Association PAC										
	Full Name (Last, First, Middle Initial)			Transaction ID: 14563411							
٩.	Citibank, F.S.B.	Date of Disbursement									
				08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Mailing Address 1400 G Street, NW			08 20 2007							
	City	State Zip Code		Amount of Each Disbursement this Period							
	Washington	DC 20005									
	Purpose of Disbursement			48.52							
	Bank Fee		001								
	Candidate Name	70	Category/								
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	, H	ement For:		Bank Fee							
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	President	Other (specify)									
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SUBTOTAL of Disbursements This Page (optional)	•	48.52
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S	CHEDULE B (FEC Form 3X)	Use sene	erate schedule(s)		ı	OR L	INE I	NUMBE	R:			PA	AGE	69 /	78		
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	y Information copied from such Reports and Stat for commercial purposes, other than using the na														IS		
\vdash	NAME OF COMMITTEE (In Full)																
\rangle	American Hospital Association PAC																
Α.	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller							Trans		-			⁷ 96				
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	Mailing Address PO Box 1909							0.8) 2		. 2	00			
	City Charleston	State WV	Zip Code 25327					Amou	int o	f Each	າ Dis	sburse	emen	t this	Period		
	Purpose of Disbursement Contribution				0	11	7						1	1000.	00		
	Candidate Name Sen. John D. Rockefeller, IV			С	at	egory/ ype											
	Office Sought: House X Senate President	rsement For: Primary Other (spe	2008 X General) - 		Contr	ibut	ion							
	State: WV District: 2																
В.	Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress							Trans Date				-	7 01				
	Mailing Address 235 Montgomery Stree Suite 610									08							
	City San Francisco	State CA	Zip Code 94104					Amount of Each Disbursement thi							Period		
	Purpose of Disbursement Contribution			Γ	0	11	7						5	5000.	00		
	Candidate Name Rep. Nancy Pelosi			С		egory/ ype											
	Senate President	rsement For: X Primary Other (spe	2008 General					Contr	ibut	ion							
	State: CA District: 8														29 30 utions tee y 7 7 his Period 00.00		
C.	Full Name (Last, First, Middle Initial) Donald A. Manzullo For Congress							Trans Date		isburs	eme	ent	'73				
	Mailing Address PO Box 7783							0 ^M 8	М	/ D	0 2		ž	o ŏ	7 ^Y		
	City Rockford	State IL	Zip Code 61126					Amou	int o	f Each	າ Dis	sburse	emen	t this	Period		
	Purpose of Disbursement Contribution			Γ	0	11	7			-	<u>. </u>		1	200.	00		
	Candidate Name Rep. Donald A. Manzullo				at	egory/ ype											
	9 1	rsement For: X Primary Other (spe	2008 General ecify)			<u> </u>		Contribution									
		J)							•		_	-	7	200	00		
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state Zip Code NJ 07016 nent For: 2008 Primary General	Ca	011 stegory/	Trans Date	saction ID: of Disburs	: 144977 ement	55 2 0 0 7	Period
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	ment For: Primary General Other (specify) State Zip Code IL 60644 ment For: 2008 Primary General Other (specify) Other (specify) Other (specify)	State Zip Code DC 22036 Cament For: Primary General Other (specify) State Zip Code Cament For: 2008 Cament For: 2008 Primary General Other (specify) Cament For: 2008 Camen	State Zip Code DC 22036 O11 Category/ Type ment For: Primary General Other (specify) State Zip Code IL 60644 O11 Category/ Type ment For: 2008 Primary General Other (specify) Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	m (CPC) Date M 8 State Zip Code DC 22036 O11 Category/ Type ment For: Primary General Other (specify) ▼ Trans Date M 8 State Zip Code L 60644 O11 Category/ Type ment For: 2008 Primary General Contr	Date of Disburs Max Max	Date of Disbursement Max	State Zip Code DC 22036 One of the Code DC 22036 Transaction ID: 14497775 Date of Disbursement One of the Code DC 2008 One of the Cod

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 28a 28b 28c	25 26 29 30b				
Any Information copied from such Reports and State or for commercial purposes, other than using the na								
 NAME OF COMMITTEE (In Full) 	ne and address of any political co	ommittee to so	iicit contributions from such	committee				
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)			Transaction ID: 14497	793				
Jesse Jackson Jr. For Congress			Date of Disbursement	Y Y Y Y				
Mailing Address P.O. Box 490286			$\begin{bmatrix} 0 & 8 & M \\ 0 & 8 & M \end{bmatrix}$	Y ŽOÕ7				
City Chicago	State Zip Code IL 60649		Amount of Each Disburs	ement this Period				
Purpose of Disbursement	12 00043			1500.00				
Contribution		011						
Candidate Name Rep. Jesse L. Jackson, Jr.		Category/ Type						
Senate President	sement For: 2008 C Primary General Other (specify)		Contribution					
State: IL District: 2								
Full Name (Last, First, Middle Initial) Jim Gerlach For Congress Committee			Transaction ID: 144970 Date of Disbursement	699				
			M M / D D /	^Y 2007				
Mailing Address PO Box 87								
City Uwchland	State Zip Code PA 19480		Amount of Each Disburs	ement this Period				
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Rep. James W. Gerlach		Category/ Type						
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State: PA District: 6 Full Name (Last, First, Middle Initial)			Transaction ID: 14407	705				
Tim Ryan For Congress			Transaction ID: 14497 Date of Disbursement					
Mailing Address 80 F St NW Suite 804			08 02	[*] 2007				
City Washington	State Zip Code DC 20001		Amount of Each Disburs	ement this Period				
Purpose of Disbursement Contribution		011		1000.00				
Candidate Name		Category/						
Rep. Timothy J. Ryan Office Sought: X House Disbur	sement For: 2008	Туре						
	Primary GeneralOther (specify) ▼		Contribution					
SUBTOTAL of Disbursements This Page (optional)			3500.00				
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	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)		R LINE N eck only (NE NUMBER: PAGE 72 / 78					
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 X 28a		24 28c	25 29	26 30b	
	y Information copied from such Reports and State for commercial purposes, other than using the na								3	
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC	71								
۹.	Full Name (Last, First, Middle Initial) Richardson for Congress					ion ID: 144 isbursemen	t	ž o ŏ 7	Y	
	Mailing Address 1212 S. Victory Blvd.				0 0	0 2		2007		
	City Burbank	State Zip Code CA 91502			Amount o	of Each Disb	ursemei	nt this F	Period	
	Purpose of Disbursement Contribution		011		L			2000.0	00	
	Candidate Name Laura Richardson		Catego Type	-						
	Senate President	sement For: 2007 Primary General X Other (specify) ▼ ecial Run-Off			Contribu	tion				
3.	Full Name (Last, First, Middle Initial) Reynolds For Congress					ion ID: 144 isbursemen				
	Mailing Address PO Box 15388 Pittsford				08	03	/ Y 2	ž o ŏ 7	Y	
	City Rochester	State Zip Code NY 14615			Amount o	of Each Disb	ursemei	nt this F	eriod	
	Purpose of Disbursement Contribution		011					2000.0	00	
	Candidate Name Rep. Thomas M. Reynolds		Catego Type	-						
	9 7	sement For: 2008 X Primary General Other (specify)			Contribu	tion				
Э.	Full Name (Last, First, Middle Initial) Hooley For Congress					ion ID: 144 isbursemen				
	Mailing Address PO Box 2050				0 ^M 8 M	03	/ Y 2	ž o ŏ 7	Y	
	City Salem	State Zip Code OR 97308			Amount o	f Each Disb	urseme	nt this F	Period	
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	Candidate Name Rep. Darlene Hooley		Catego							
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	- · -		24 28c	25 29	26 30b
	y Information copied from such Reports and State for commercial purposes, other than using the na								S
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC	, , , , , , , , , , , , , , , , , ,							
۹.	Full Name (Last, First, Middle Initial) Committee To Elect McHugh					tion ID: 144 Disbursemen	t	y Y	Y
	Mailing Address 228 South Washington Suite 115	Street			0 8	03	2	ž o ŏ 7	
	City Alexandria	State Zip Code VA 22314			Amount	of Each Disb	ursemei	nt this F	Period
	Purpose of Disbursement Contribution			011				1000.0	00
	Candidate Name Rep. John M. McHugh			tegory/ ype					
		sement For: 2008 ✓ Primary General Other (specify) ▼			Contribu	ution			
3.	Full Name (Last, First, Middle Initial) Kuhl For Congress					tion ID: 144 Disbursemen			
	Mailing Address 10 Ganesvoort Street Suite 101				0 ^M 8 M	03		2007	, Y
	City Bath	State Zip Code NY 14810			Amount	of Each Disb	ursemei	nt this F	Period
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	Candidate Name Rep. John Randall Kuhl		Ca	tegory/ Type					
		sement For: 2008 C Primary General Other (specify)			Contribu	ution			
D.	Full Name (Last, First, Middle Initial) Lucille Roybal-Allard For Congress					tion ID: 144 Disbursemen			
	Mailing Address P.O. Box 582				0 8 0	06	/ Y 2	ž o ŏ 7	, Y
	City Kensington	State Zip Code MD 20895			Amount	of Each Disb	urseme	nt this F	Period
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	Candidate Name Rep. Lucille Roybal-Allard			tegory/ Type					
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	, First, Middle Initial) I-Allard For Congress					Transaction				
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City Kensington		State MD	Zip Code 20895			Amount of	Each Dis	bursemen	t this F	eriod
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	District: 34 , First, Middle Initial)					Transaction	on ID: 14	49781 <i>2</i>		
B. Campbell For						Date of Di	sburseme	ent	0 ŏ 7	Υ
Mailing Address	4590 Macarthur Blv	rd. Suite 500				0 8	0 6	2	007	
City Irvine		State CA	Zip Code 92660			Amount of	Each Dis	bursemen		-
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Candidate Nam Rep. John Ca	impbell				ategory/ Type					
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^	r, First, Middle Initial) o Re-Elect Loretta Sanc	hez				Transaction Date of Di				
Mailing Address	1212 S Victory Bl Suite 211					08	^D 1 3	y y	0 ŏ 7	, Y
City Burbank		State CA	Zip Code 91502			Amount of	Each Dis	bursemen		
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Rep. Loretta	Candidate Name Rep. Loretta Sanchez Category Type									
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	y Information copied from such Reports and Stater for commercial purposes, other than using the nam														IS
\setminus	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Brady For Congress							Trans Date				-	352		
	Mailing Address P.O. Box 8277							8 ^M 0	М	/ D	1 ^D		Y Ž	o ŏ	7 ^Y
	City The Woodlands	State TX	Zip Code 77387					Amou	int o	f Eac	h Di	sburs	emen	t this	Period
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	Candidate Name Rep. Kevin Brady			С		egory/ vpe									
	Senate X President	ement For: Primary Other (spe	2008 General					Contr	ibut	ion					
В.	State: TX District: 8 Full Name (Last, First, Middle Initial)							Trans		-	-		862		
	Jo Bonner For Congress Committee Mailing Address P.O. Box 851232							Date of 8	M Di				Y Ž	o ŏ	7 ^Y
	City	State	Zip Code					Amou	ınt o	f Eac	h Di	sburs	emen	t this I	Period
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	Candidate Name Rep. Jo Bonner			С	ate	11 egory/ pe									
	Office Sought: X House Senate President Disburs	ement For: Primary Other (spe	2008 General			<u> </u>		Contr	ibut	ion					
	State: AL District: 1 Full Name (Last, First, Middle Initial)							Trans	acti	on II	D: 14	1497	858		
C.	Alexander For Senate 2008 Inc							Date		isbur	sem	ent		,	V
	Mailing Address 228 S Washington Stree	et Suite 11	5					0 8		Ĺ	2 2]	2	o ŏ	7]
	City Alexandria	State VA	Zip Code 22314					Amou	int o	f Eac	h Di	sburs			Period
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	Candidate Name Sen. Lamar Alexander			С		egory/ vpe									
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SCILDOLL B (I LCI OIII 3X)	Use seperate schedule(s)	(check on	IE NUMBER: PAGE /6 / /8					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 24 28b 28		26 30b		
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NAME OF COMMITTEE (In Full)	and address of any political co	minutee to St	mon continuu	uona nom suci	- committee			
American Hospital Association PAC								
Full Name (Last, First, Middle Initial)				ion ID: 14497	7689			
Becerra For Congress				Disbursement / D D /	V V V	V		
Mailing Address P.O. Box 261060			08	^D 27	žoŏ	7		
City	State Zip Code CA 90026		Amount o	of Each Disbur	sement this	Period		
Los Angeles Purpose of Disbursement	CA 90026				-2000	.00		
Void of 6/07 check		011						
Candidate Name Rep. Xavier Becerra		Category/ Type						
X X	ement For: 2008 Primary General Other (specify)		Void of 6	6/07 check				
Full Name (Last, First, Middle Initial)			_		7.10			
3. Friends Of Senator Carl Levin			Date of D	ion ID: 14513 Disbursement	3/43			
Mailing Address 10 G Street Ne, Suite 47	0		0 ^M 8 M	27	y žoó	7 ^Y		
City Washington	State Zip Code DC 20002		Amount o	of Each Disbur	sement this	Period		
Purpose of Disbursement Contribution	Г	011			1000	.00		
Candidate Name Sen. Carl Levin		Category/ Type						
X Senate President	ement For: 2008 Primary X General Other (specify)		Contribu	tion				
State: MI District: 1								
Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee II	nc		Date of D	ion ID: 14513 Disbursement				
Mailing Address 511 Congress St PO Box 549			08	27	žoŏ	7 ^Y		
City Napoleonville	State Zip Code LA 70390		Amount o	of Each Disbur	sement this	Period		
Purpose of Disbursement Contribution		011	L		2000	.00		
Candidate Name Rep. Charles Melancon		Category/ Type						
· —	ement For: 2008 Primary General Other (specify)	71.2	Contribu	tion				
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TOTAL This Period (last page this line number only								

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S	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		NUMBER: PAGE 77/78
IT	EMIZED DISBURSEMENTS		(check onl	y one) 22 X 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports an for commercial purposes, other than using			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC	0		
	Full Name (Last, First, Middle Initial)			Transaction ID: 14513749
۹.	Kagen 4 Congress			Date of Disbursement
	Mailing Address 100 West Lawren	nce Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State Zip Code		Amount of Each Disbursement this Period
	Appleton	WI 54911		500.00
	Purpose of Disbursement Contribution		011	500.00
	Candidate Name Mr. Steven Kagen		Category/ Type	
	Senate President	Disbursement For: 2008 X Primary General Other (specify)		Contribution
	State: WI District: 8			

SUBTOTAL of Disbursements This Page (optional)	•	500.00
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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 78/78
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and State for commercial purposes, other than using the nar			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 14565667
٩.	Fund for Political Education			Date of Disbursement
	Mailing Address 325 Seventh Street, NV Suite 700	1		08 17 7 2007
	City Washington	State Zip Code DC 20004		Amount of Each Disbursement this Period
	Purpose of Disbursement	20001		300.00
	Transfer to Administrative Account		008	
	Candidate Name		Category/	
			Type	
		sement For:		Transfer to Administrative
	Senate	Primary General		Account
	President	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	300.00
CODICINE OF DISSERVENTION AND PAGE (OPTIONAL)	<u> </u>	
TOTAL This Period (last page this line number only)	•	300.00